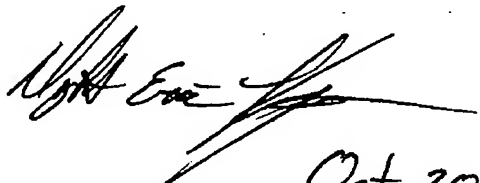


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413 29th Ave N, Fargo, ND, 58102-1508
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E-Mail: process@fmtc.com**Pages:** 3 including this cover sheet**By Fax**

Included with this fax cover sheet is a Transmittal Form sb-0021 and a response to an office action mailed on 10/06/05 from Mr. Thomas J. Brahan, Art Unit 3654, for Application Number: 10/771,807.


Oct 20, 2005

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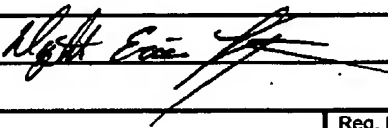
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/771,807	RECEIVED CENTRAL FAX CENTER OCT 20 2005
	Filing Date	02/03/2004	
	First Named Inventor	Dwight Eric Kinzer	
	Art Unit	3654	
	Examiner Name	Thomas J. Brahan	
Total Number of Pages in This Submission	Attorney Docket Number	Kin-002	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
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